

# Indiana State Police Methamphetamine Laboratory Occurrence Report

This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date: 05-23-10

Address: 1830 W. CR 675 N

Case #: 42F30607

North verson, IN

County: Jennings

47265

## Type of Laboratory Seizure (check one)

- ☐ Operational Lab  
☒ Chemical/Glassware/Equipment (only)  
☐ Dumpsite (only)

## Seizure Location (check all that apply)

- ☒ Residence  
☐ Outbuilding  
☐ Vehicle  
☐ Hotel/Motel  
☐ Open – No Structure  
☐ Other: \_\_\_\_\_

## Items Found: Location (bedroom, kitchen, open air, etc)

(check all that apply)

- ☐ Lithium/Ammonia Reaction(s): \_\_\_\_\_  
☐ Red Phosphorous/Iodine Reaction(s): \_\_\_\_\_  
☒ Flammable Solvents: kitchen, open air  
☒ Water Reactive Metal (Lithium): kitchen, open air  
☒ Anhydrous Ammonia: open air, vehicle  
☒ Hydrochloric Acid Gas Generator(s): open air  
☒ Corrosive Acid: kitchen  
☒ Corrosive Base: open air  
☒ Other (item and location): cookware, kitchen

## Child under age 18 discovered (check one)

- ☐ Yes \_\_\_\_\_ (number present)  
☒ No

\*If yes, fax report to Child Protective Services

## Investigative Information

- ☐ Ephedrine/Pseudoephedrine Tracking Log  
☐ Retail/Merchant Tip  
☐ Other: \_\_\_\_\_

## This report is to be faxed to the following agencies that serve the location:

Fire Department: \_\_\_\_\_

Child Protection Service: \_\_\_\_\_

Health Department: \_\_\_\_\_

Fax: \_\_\_\_\_

JCclerk@localhealth.in.gov

Fax: \_\_\_\_\_

Fax: \_\_\_\_\_

For further information regarding this methamphetamine laboratory, contact

Investigating Officer: Chris Howell

Phone 812-689-5000

\*\* This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

\*\*\* This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.